

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FLD		AFFIDAVIT ALZHEIMER		AFFIDAVIT ALZHEIMER	
	CID	DEP	CID	DEP	CID	DEP
1	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					

	AD FLD		AFFIDAVIT ALZHEIMER		AFFIDAVIT ALZHEIMER	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL CLAIMS						